

Project Name: _____



2017-2018 ADDENDUM III: CHECKLIST AND APPLICATION

MICHIGAN'S LOW INCOME HOUSING TAX CREDIT PROGRAM:

PERMANENT SUPPORTIVE HOUSING CATEGORY

PROJECT NAME:

SPONSOR NAME:

LEAD AGENCY NAME:

PROJECT LOCATION:

PROJECT COUNTY:

CONTENTS

Addendum III Checklist	3
<input type="checkbox"/> 1. Initial Concept Letter	3
<input type="checkbox"/> 2. Completed Addendum III Application - THRESHOLD	3
<input type="checkbox"/> 3. Project Narrative - THRESHOLD	3
<input type="checkbox"/> 4. Tenant Selection Criteria – THRESHOLD	3
<input type="checkbox"/> 5. Income and Affordability – THRESHOLD	3
<input type="checkbox"/> 6. Housing First Certification – THRESHOLD	4
<input type="checkbox"/> 7. Service Coordination Plan – THRESHOLD	4
<input type="checkbox"/> 7.1 Service Coordination Plan	4
<input type="checkbox"/> 7.2 Service Coordination Funding Letter(s) of Support	4
<input type="checkbox"/> 7.3 Service Coordination Funding Audited FINANCIAL STATEMENTS	4
<input type="checkbox"/> 8. Addendum III Supportive Services Budget - THRESHOLD	5
<input type="checkbox"/> 8.1 Addendum III Funding Analysis	5
<input type="checkbox"/> 8.2 Letters of Support for all Funding Commitments	5
<input type="checkbox"/> 8.3 Audited Financial Statements for all Funding Commitments	5
<input type="checkbox"/> 9. Continuum of Care (CoC) – THRESHOLD	5
<input type="checkbox"/> 9.1 Continuum of Care Form	5
<input type="checkbox"/> 9.2 Continuum of Care Minutes	5
<input type="checkbox"/> 9.3 Letter of Support from Continuum of Care	6
<input type="checkbox"/> 10. Memorandum of Understanding – THRESHOLD	6
<input type="checkbox"/> 11. Community Space – THRESHOLD	7
<input type="checkbox"/> 12. Site Selection - THRESHOLD	7
<input type="checkbox"/> 13. Scoring Documentation – Required for Points	8
<input type="checkbox"/> 13.1 Section F of the 2017-2018 LIHTC Scoring Summary	8
<input type="checkbox"/> 13.2 Targeted Supportive Housing Populations	8
<input type="checkbox"/> 13.3 County HMIS Data	8
<input type="checkbox"/> 13.4 Supportive Housing Development Team Experience	9
<input type="checkbox"/> 13.5 Successful PSH Outcomes	9
Addendum III Application	10
Supportive Housing Development Team Experience – Required for Points	19
Successful PSH Outcomes – Required for Points	20
Certification of Commitment to Housing First	22

ADDENDUM III CHECKLIST

In addition to meeting all Permanent Supportive Housing Category Threshold Requirements, as outlined in the [2017-2018 Addendum III](#), the following checklist should be completed and all applicable exhibits are to be included in the Addendum III submission. To indicate each exhibit submitted, place a check mark in the box provided and return a copy of this checklist with your application. Each submitted exhibit must be tabbed with the appropriate corresponding number from the checklist. Applicants are encouraged to provide a narrative description preceding each exhibit explaining how the submitted document satisfies the requirements, particularly for those exhibits that involve unusual or complex elements.

☐ 1. INITIAL CONCEPT LETTER

This letter should include, at a minimum, the development team, service providers, location of the project, number and breakdown of units, populations served, services provided, and service funding sources.

☐ 2. COMPLETED ADDENDUM III APPLICATION - THRESHOLD

The [Addendum III Application](#) should be completed in full. This includes all tabs of the Addendum III Application, the [Addendum III Checklist](#), [Continuum of Care form](#), [Supportive Services Commitment chart](#), and all other required or necessary supporting exhibits (such as MOUs, letters of support, explanations). This is not an exhaustive list. Applicants should review the submission before the funding round deadline to ensure that everything is included.

☐ 3. PROJECT NARRATIVE - THRESHOLD

A detailed and complete narrative description of the project should be provided; this includes, at a minimum, the development team, service providers, number and breakdown of units, populations served, services provided, type of unit, income targeting, and proposed rent schedule.

☐ 4. TENANT SELECTION CRITERIA – THRESHOLD

Include the property's tenant selection plan and describe how permanent supportive housing tenants will be served. This description should include any screening processes that will be utilized, along with criminal and credit screening processes and details of any appeal process and eviction diversion plans for the permanent supportive housing tenants. If the targeted population includes homeless categories, the tenant selection plan must include Housing First components. [See Exhibit 6, below, for Housing First criteria](#). If the targeted population does not include homeless categories or if the project is planning to use or apply for 811 vouchers, the Housing First Criteria should be included to the extent possible, but is not mandatory. In that event, an explanation must be provided to clearly state why the project is not following Housing First criteria.

☐ 5. INCOME AND AFFORDABILITY – THRESHOLD

Include **Tabs I. Utilities, J. Income, and K. Unit Summary** from the [2017-2018 LIHTC application](#) to demonstrate 1) utilities for the permanent supportive housing units are being paid by the owner; 2) the rents for all units; and 3) the unit mix and breakdown. If applicable, provide a description of how the project will make the targeted units affordable to persons whose incomes are extremely low. If there is a current commitment for subsidy, attach the funding commitments or list details of any anticipated applications to provide subsidy to supportive housing tenants. Do **not** include an application for MSHDA project based or housing choice vouchers.

☐ 6. HOUSING FIRST CERTIFICATION – THRESHOLD

The [Housing First Certification](#) (on page 19 on the Addendum III Application and Checklist) must be completed and filled out by the owner. The commitments in the Housing First Certification will also be included in the [tenant selection plan](#).

☐ 7. SERVICE COORDINATION PLAN – THRESHOLD

☐ 7.1 SERVICE COORDINATION PLAN

There should be one specific and comprehensive service plan submitted, regardless of the specific tenants or populations targeted for the supportive housing units. The service coordination plan will describe how the project will meet the supportive service needs of the targeted tenants. It will include the number of hours of on-site services provided.

☐ 7.2 SERVICE COORDINATION FUNDING LETTER(S) OF SUPPORT

A letter of support from the Executive Director of the agency providing funding for the on-site supportive services hours must be included in the Addendum III submission. The letter of support will be dated within six (6) months of the funding round deadline. It will include the name and location of the development, the number of hours of on-site service committed, and a description of how the agency is funded. The services cannot be funding through the operations of the development.

The onsite services may be funded through partnerships with local service organizations. If so, each participating organization needs to provide a letter of support detailing the partnership, service funding provided, and the number of hours of on-site service provided. Each partner will need to provide audited financial statements.

☐ 7.3 SERVICE COORDINATION FUNDING AUDITED FINANCIAL STATEMENTS

The agency(ies) providing funding for the on-site supportive services must provide a copy of their most recent annual audited financial statements, demonstrating a history of reliable service funding sources through adequate amounts under supportive services line items and supportive service staff.

☐ 8. ADDENDUM III SUPPORTIVE SERVICES BUDGET - **THRESHOLD**

☐ 8.1 ADDENDUM III FUNDING ANALYSIS

The Addendum III Funding Analysis can be found on **Tab G** of the [2017-2018 LIHTC Application](#). This tab needs to be completed in its entirety and submitted with the Addendum III exhibits. Projects are required to show documented evidence of service funding to support the projected expenses for a minimum of the initial year with renewals available **and** a detailed description of future funding sources through year 15. The sources included in the Funding Analysis should be supported by the letters of support included in Exhibit 8.2 and should be included in the [Supportive Services Commitment Chart](#).

☐ 8.2 LETTERS OF SUPPORT FOR ALL FUNDING COMMITMENTS

Include documentation for all funding sources listed in **Exhibit 8.1**. The letter(s) of support are to be signed by the Executive Director of the entity providing the funding and dated within six (6) months of the application deadline. The letters must include the name of the entity providing the funding, the amount of funding provided, the number of years the funding will be provided, and any other relevant information.

☐ 8.3 AUDITED FINANCIAL STATEMENTS FOR ALL FUNDING COMMITMENTS

Any organization providing funding for the project must provide a copy of their most recent annual audited financial statements, demonstrating a history of reliable funding sources.

☐ 9. CONTINUUM OF CARE (COC) – **THRESHOLD**

☐ 9.1 CONTINUUM OF CARE FORM

The Continuum of Care form is available as **Addendum III Continuum of Care (CoC) Form** at http://www.michigan.gov/mshda/0,4641,7-141-5587_5601-60010--,00.html. It must be fully completed, signed, and dated within one year of the funding round deadline.

☐ 9.2 CONTINUUM OF CARE MINUTES

Please include the Continuum of Care minutes that confirm the developer met with the local Continuum of Care housing planning body at least 120 days prior to the funding round deadline to discuss this particular project. This should include project and developer identification, the member(s) of the CoC housing planning body involved in the discussion, and the date of initial meeting.

If necessary, a waiver of the timing requirement can be requested for the October 3, 2016 funding round.

□ 9.3 LETTER OF SUPPORT FROM CONTINUUM OF CARE

The letter of support from the CoC should include the total number of units, the number of PSH units, the targeted population, description of the housing units, bedroom mix of the PSH units, location of the development, the proposed services and amenities, and identification of the development team. The CoC letter of support must be dated within one year from the funding round deadline.

□ 10. MEMORANDUM OF UNDERSTANDING – **THRESHOLD**

The development team must submit written documentation between the developer, management company, and service provider(s) that outlines mutual roles and responsibilities in the development. The Memorandum of Understanding (“MOU”) should incorporate the service coordination plan agreed to by the parties, and provide:

- a) Letter of commitment by the service provider, including signature of the Executive Director;
- b) A letter of support from the primary funder of the case management and/or service coordination agency;
- c) Demonstration of an ongoing commitment by the developer and/or landlord to assure sustained availability of supportive services; and
- d) Inclusion of the Housing Assessment Resource Agency (HARA) within the MOU. The HARA’s role may include referrals or services. They do not have to be the lead agency; however, their role should be defined within the MOU. If there is a different lead agency, the MOU must define their role in the development and be signed by their executive director.

The MOU will include:

- a) A commitment from the local lead agency to provide, coordinate, and/or act as a referral agent to assure that supportive services will be available to the targeted tenants;
- b) A description of the referral and screening process that will be used to refer tenants to the project, which follows the acceptable guidelines and uses assessment tools such as the SPDAT as required by MSHDA and other State or Federal service funding agencies, and a willingness of all parties to negotiate reasonable accommodations to facilitate the admittance of persons with disabilities into the development;
- c) A communication plan between the management company and the lead agency that will accommodate staff turnover and assuring continuing linkages between the development and lead agency for the duration of the compliance period;
- d) Acknowledgment of the property’s rent structure and a description of how supportive housing tenants may access rental assistance, should they require it, to afford the apartment rents;

- e) Certification that participation in supportive services will not be a condition of tenancy unless otherwise required by a Federal subsidy;
- f) Agreement to affirmatively market to persons with disabilities;
- g) Agreement to include a section on reasonable accommodation in the property management's application for tenancy;
- h) Agreement to accept Housing Choice vouchers or other rental assistance for eligible tenants and not require total income for persons with rental assistance beyond that which is reasonably available to supportive housing tenants; and
- i) A description of how the project will make the targeted units affordable to supportive housing tenants with very low incomes.

The MOU must be dated within six (6) months of the funding round date.

A sample MOU is available on MSHDA's website as **Tab G – Sample MOU for Perm Supportive Housing** at http://www.michigan.gov/mshda/0,4641,7-141-5587_5601-60010--,00.html.

The MOU should not be in draft form and should be signed by all parties who provide services to the tenants. These parties should be documented on the [Supportive Services Commitment Chart](#).

☐ 11. COMMUNITY SPACE – THRESHOLD

To meet minimum PSH requirements, projects are required to provide accessible community or supportive service space to projects with 11 or more PSH units. Developments must have a minimum of 15 square feet of accessible community space per residential unit AND at least one separate private meeting space or office of at least 100 square feet. The accessible community space needs to meet the requirements in **Section C.1** of the [2017-2018 Scoring Criteria](#). Bathrooms, closets, hallways, laundry facilities, and other similar space will not be counted in the square footage. Blueprints or other architectural drawings should be included in the Addendum III application and should clearly show the dimensions of the accessible community space.

☐ 12. SITE SELECTION - THRESHOLD

Please provide a narrative that explains and provides additional information/documentation to show how the project location meets MSHDA's Supportive Housing Site Selection Criteria. See **Attachment B: MSHDA Supportive Housing Site Selection Guidelines** in the [2017-2018 Addendum III](#) for more information.

☐ 13. SCORING DOCUMENTATION – REQUIRED FOR POINTS

☐ 13.1 SECTION F OF THE 2017-2018 LIHTC SCORING SUMMARY

Please provide a copy of Section F of the [2017-2018 Scoring Summary](#) in the Addendum III application.

Note: Support for the Supportive Service Coordination, Service Funding Commitments, and Targeted Supportive Housing Populations should be included in the relevant exhibits. Do not include the information in both sections.

☐ 13.2 TARGETED SUPPORTIVE HOUSING POPULATIONS

MSHDA's target population of "Homeless Frequent Emergency Department Users with Care Needs" is part of a larger collaboration with the Michigan Department of Health and Human Services (MDHHS) with the goal to house people experiencing homelessness that also have a very high rate of Medicaid usage (which includes frequent use of the Emergency Department). By housing this Targeted Supportive Housing population and providing them services, the aim is to improve their health outcomes and also increase their use of primary care instead of emergency care. MSHDA and MDHHS are in the process of doing a data match between the Homeless Management Information System (HMIS) and Medicaid data systems to identify how many meet this target population in each county and what is the best way to ensure availability of Medicaid funded tenancy support services to stabilize them in their housing and assist them in coordinating their medical care.

It is anticipated that the PSH administration will be different for this population than other target populations. MSHDA and MDHHS will create a list of eligible tenants by county using a data match of the HMIS and Medicaid data systems. The county wide lists will be updated quarterly by MSHDA and MDHHS and sent to the local service providers. The service providers will use the lists to see who in their county is eligible and can be referred to the waiting list for the next available unit. All details of this administration have not yet been worked out.

The counties where this program will be available have not yet been identified. **Accordingly, projects submitted in the October 2016 funding round will NOT be eligible for these points.** If the development team is interested in targeting this population in the future, please contact Kelly Rose at MSHDA for more information.

☐ 13.3 COUNTY HMIS DATA

Provide the county's most recent annual literally homeless (category 1) count. Please contact your local Continuum of Care chairperson for this report.

□ 13.4 SUPPORTIVE HOUSING DEVELOPMENT TEAM EXPERIENCE

For each of the General Partners/Members, Management Agent, and Lead Agency taking points, provide a listing of the developments owned or operated, as applicable. The [Supportive Housing Development Team Experience](#) form should include name of the development team member, names of the developments, location, number of units, number of years owned/operated, last year owned/operated, and type of project. Provide a separate list for each development team member requesting points. For each category (General Partner/Member, Management Agency, and Lead Agency) only one team member may receive points. If there are joint venture or other partnership agreements between two or more GPs, management agents, or lead agencies, partners will receive PSH points only if the agreements meet the requirements for LIHTC points as outlined in the [2017-2018 QAP](#) and Sections D.1 and D.2 of the [2017-2018 Scoring Summary](#).

□ 13.5 SUCCESSFUL PSH OUTCOMES

Owners, management agents, and lead agencies who earn points for their experience under Section F.5 – Experienced Supportive Housing Development Team of the [2017-2018 Scoring Summary](#) can earn additional points if the applicants can clearly demonstrate their successful outcomes. Points will be award for team members who can demonstrate 85% or more of the permanent supportive housing tenants remained housed for at least 12 months over the last three years. The [Successful PSH Outcomes](#) table must be fully completed for each team member claiming these points. Provide a supplemental report for each development listed, showing the development name, total number of units, permanent supportive housing units, and annual move-ins and move-outs for the three fiscal years prior to the funding round deadline. If the support provided for Successful PSH Outcomes does not directly tie to the information provided for that development team member for Experienced Supportive Housing Development Team, provide a narrative explaining why the reports are different. If the information is different and no explanation is provided, the project may not receive points for this item.

Project Name: _____

ADDENDUM III APPLICATION

Project Name:

A. OWNER IDENTIFICATION:

Organization	
Primary Address	
Contact Person	
Contact Phone	
Contact Fax	
Contact Email	
President/CEO	

B. PROPERTY MANAGEMENT COMPANY IDENTIFICATION INFORMATION:

Organization	
Primary Address	
Contact Person	
Contact Phone	
Contact Fax	
Contact Email	
President/CEO	

C. LEAD ORGANIZATION IDENTIFICATION INFORMATION:

Organization	
Primary Address	
Contact Person	
Contact Phone	
Contact Fax	
Contact Email	
President/CEO	

D. SERVICE ORGANIZATION IDENTIFICATION INFORMATION:

Organization	
Primary Address	
Contact Person	
Contact Phone	
Contact Fax	

Project Name: _____

Contact Email	
President/CEO	

E. UNIT DESCRIPTION, TARGETED SUPPORTIVE HOUSING POPULATIONS AND COMMUNITY NEED

Number of Units	Efficiency	1 Bedroom	2 Bedrooms	3 Bedrooms	4+ Bedrooms	Total Number of units
Total Project						
Supportive Housing						
With PBV						
Barrier Free						

Identify number of buildings and the number of stories per building:

Identify number of units per building:

Identify accessible features available for targeted units:

Identify the type of units:(apartment, Single family home, townhouse, duplex)

Does the building have an elevator?

Provide a brief project description including how the project will meet the needs of the targeted tenants including access to transportation, proximity to community amenities, including social, recreational, educational, commercial and health facilities: Attach a map including the distances for the tenant to access the community resources listed above:

F. TARGETED SUPPORTIVE HOUSING POPULATIONS:

Select the population(s) targeted for the Supportive Housing Units: Refer to definitions within Addendum III – Attachment A:

- ☐ Chronically Homeless
- ☐ Special Needs
- ☐ Homeless
 - ☐ An individual or family who lacks a fixed, regular, and adequate nighttime residence
 - ☐ An individual or family who will imminently lose their primary nighttime residence
 - ☐ Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition
 - ☐ Domestic Violence
- ☐ Homeless Frequent Emergency Department Users with Care Needs – **NOT AVAILABLE FOR THE OCTOBER 2016 ROUND**

Projects that have demonstrated in their Supportive Service Plan to serve the supportive housing populations most in need as outlined below will receive additional points:

a. Homeless Frequent Emergency Department Users with Care Needs

A minimum of 30% of the supportive housing units must be set aside to receive points. Note: The percentage cannot be rounded up. For example, if there are 15 units designated for permanent supportive housing tenants, at least five (5) units must be designated for this targeted population in order to receive points. $5 / 15 = 33.3\%$.

NOTE: Because MSHDA and MDHHS have not yet finalized the information necessary for this population, **projects submitted in the October 2016 funding round will NOT be eligible to claim points for Targeted Supportive Housing Populations and should not include this population in the application or Addendum III.** If the development team is interested in targeting this population in the future, please contact Kelly Rose at MSHDA for more information.

Project Name: _____

H. LEAD SERVICE AGENCY AND SUPPORTIVE SERVICES

Supportive Services Plan:

Provide a description of the experience of the local lead agency and their capacity to provide access to supportive services.

Project Name: _____

I. SUPPORTIVE SERVICES COMMITMENT

Information is to be provided for all services under “Case Management Service Coordination”. Information should be provided for the applicable services under “Other Services – As Applicable”. Projects that do not provide commitment letters from all of the funding sources will not pass threshold and will not receive an award of credits. For services listed under “Other Services – As Applicable”, mark N/A if the services are not available. The service and funding agencies in this chart should be consistent with the rest of the Addendum III submission, including but not limited to the MOU, letters of support, and funding analysis.

	Name of Agency Providing Service <i><u>Must sign MOU</u></i>	Date of MOU	Included in the Addendum III Submission	Name of Agency Funding Services <i><u>Must provide Letter of Support</u></i>	Date of Letter of Support	Included in the Addendum III Submission
<i>CASE MANAGEMENT SERVICE COORDINATION (ALL SERVICES BELOW ARE REQUIRED TO BE COMPLETED)</i> All services under this heading (Tenant Stabilization, Building Support Systems, Basic Needs, Benefit Assistance, Employment Related Services, Mental Health, and Substance Abuse Services) must be supported by an MOU signed by the agency(ies) providing services and a letter of support from the agency(ies) providing funding.						
Tenant Stabilization – Assist tenants to care for their apartment, ADL’s, get along with neighbors, landlord, etc.			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes
Building Support Systems – Assist tenants to re-engage with local community.			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes

Project Name: _____

Basic Needs – Assist tenants to obtain resources (food, clothing, transportation, etc.).			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes
Benefit Assistance - Provide on-going support including referrals, assistance obtaining benefits, linkages with services, “whatever it takes”.			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes
Employment Related Services			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes
Mental Health – ACT, counseling, therapy, medications and medication management.			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes
Substance Abuse Services – Outpatient treatment, self-help options, and counseling.			<input type="checkbox"/> Yes			<input type="checkbox"/> Yes

Other Services – As Applicable

If any of the following services are provided to the tenants, provide MOU(s) from the agency(ies) providing service and letter(s) of support

Project Name: _____

from the agency(ies) funding the services. If these services are not applicable to the project, please note with an "N/A".						
HIV/AIDS – Specialized health care.			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Legal Services – Related to civil arrears, family law, uncollected benefits.			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Veteran Services			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Domestic Violence Counseling			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Child Care			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
School Related Services			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Other			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A

Project Name: _____

Other			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Other			<input type="checkbox"/> Yes <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> N/A

SUPPORTIVE HOUSING DEVELOPMENT TEAM EXPERIENCE – REQUIRED FOR POINTS

Points will be award to a development team that has experience in supportive housing. Experience can be included for LIHTC PSH units or HUD funded PSH units through programs such as HUD 811 or HUD PSH programs through the Continuum of Care.

This page must be filled out for each member of the Supportive Housing Development Team claiming experience points in **Section F.5 of the 2017-2018 Scoring Criteria**. Failure to fully complete this chart or provide all information necessary for experience points for all may result in a loss of points.

Please note that if the Owner/Developer and Management entities are claiming experience points, this section must align with the LIHTC application. Entities will only receive points in this section if they are also eligible for experience points in Sections D.1 and D.2 of the [2017-2018 Scoring Summary](#).

Development Team Member:							
Role:							
Name and Project Number	City and State	Total # of Units	# of PSH Units	Date of Ownership/Services		Date Project Last Placed In Service	Type of Financing/ Vouchers/Etc.
				Begin	End		

Project Name: _____

SUCCESSFUL PSH OUTCOMES – REQUIRED FOR POINTS

Owners, management agents, and lead agencies who earn points for their experience under **Section F.5 – Experienced Supportive Housing Development Team** of the [2017-2018 Scoring Summary](#) can earn additional points if the applicants can clearly demonstrate their successful outcomes. Points will be award for team members who can demonstrate 85% or more of the permanent supportive housing tenants remained housed for at least 12 months over the last three years. Along with a fully completed Successful PSH Outcomes chart, projects will also provide a report showing the development, total number of units, number of permanent supportive housing units, and permanent supportive housing tenant move-in and move-out dates for the three fiscal years prior to the funding round deadline for each development included for points. Do not include personal, identifying information of the tenants (names, social security numbers, etc.) If the support provided for Successful PSH Outcomes does not directly tie to the information provided for that development team member for Experienced Supportive Housing Development Team, provide a narrative explaining why the information is different. If the information is different and no explanation is provided, the project may not receive points for these items.

Development Team Member:						
Role:						
Name and Project Number	City and State	Total # of Units	# of PSH Units	85% Housed	Support included	Reference
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	

Project Name: _____

				<input type="checkbox"/> No	<input type="checkbox"/> N/A	
				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	<input type="checkbox"/> N/A	

CERTIFICATION OF COMMITMENT TO HOUSING FIRST

The [United States Interagency Council on Homelessness](#) calls Housing First a proven approach in which people experiencing homelessness are provided with permanent housing directly and with few to no treatment preconditions, behavioral contingencies, or barriers.” They have compiled [a Housing First Checklist listing](#) the elements of a Housing First approach at a project and community level. Some of those elements are included in this Certification. By signing this Certification, the development and service teams are committing to applying the Housing First approach in the development. Each member must sign. This approach includes the following elements:

- Tenants have full rights, responsibilities, and legal protections under Federal, state, and local housing laws, tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities, and landlords and providers abide by their legally defined roles and obligations; and
- Admission/tenant screening and selection practices affirm that acceptance of applicants regardless of their sobriety, use of substances, completion of treatment, and participation in services; and
- Applications are seldom rejected for poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of “housing readiness”; and
- Management accept referrals directly from shelters, street outreach, drop-in centers, and other segments of the crisis response system frequented by people experiencing or vulnerable to homelessness; and
- Supportive services emphasize engagement and problem-solving over therapeutic goals, service plans are tenant-driven without predetermined goals, and participation in services or program compliance are not a condition of tenancy (except as required by federal requirements); and
- Use of drugs or alcohol in and of itself is not considered a reason for eviction, unless a requirement under a federal program; and
- The Tenant Selection Plan includes a prioritization of eligible tenants based on high SPDAT score (or other similar coordinated assessment system); and
- Permanent supportive housing tenants are given reasonable flexibility in paying their tenant share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management; and
- A harm reduction philosophy, where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, is in place; and
- Units may include special physical features that accommodate disabilities, reduce harm, and promote health among tenants; and
- Every effort is made to avoid eviction.

These criteria should be found and reaffirmed in the project’s tenant selection plan. Any material differences or inconsistencies between the tenant selection plan and this Certification may be considered reasons for rejection.

The undersigned agree to follow Housing First and incorporate the standards above into the project, management, and tenant selection plan.

Dated: _____

Owner: _____

By: _____

Project Name: _____

Its: _____

Dated: _____

Management Company: _____

By: _____

Its: _____

Dated: _____

Lead Agency: _____

By: _____

Its: _____